

POSITION	INITIALS	ID N :	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1	1	9-4-0	9-21-01
2	2		9-14-01
3	3		4-11-01
4	4		4-11-01
5	5		4-11-01
6	6		4-11-01
7	7		4-11-01
8	8		4-11-01
9	9	✓	4-11-01
10	10	✓	4-11-01
11	11	✓	4-11-01
12	12	✓	4-11-01
13	13	✓	4-11-01
14	14	✓	4-11-01
15	15	✓	4-11-01
16	16	✓	4-11-01
17	17	✓	4-11-01
18	18	✓	4-11-01
19	19		
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22	22	✓	4-11-01
23	23	✓	4-11-01
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Claim	Date	
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Claim	Date	
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If more than 150 claims or 10 actions  
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